

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

8008

Registration District No.

MAD 23 1940

Primary Registration District No.

6018A

Registrar's No.

34

1. PLACE OF DEATH:

- (a) County St. Francois
- (b) City or town Near Farmington
- (c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 4 mos. 4 days
(Specify whether years, months or days)
- In this community _____

3. (a) PRINT FULL NAME 620 Mary Frances Creacy3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Joshua Creacy6. (c) Age of husband or wife if
alive Dead years7. Birth date of deceased Dec. 25, 1855
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 2 13 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Edmond Kendall13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Sarah Vaughn
(City, town, or county) (State or foreign country)15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Records of State Hospt. #4(b) Address Farmington, Mo.17. (a) Buried (b) Date thereof 2 10 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill Cem. St. Louis18. (a) Signature of funeral director Richardson Funeral Home(b) Address Farmington, Mo.19. (a) Feb 8-1940 (b) F. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 2719 Tamm Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8
year 1940 hour 4:45 a.m. minute _____ M.21. I hereby certify that I attended the deceased from
10-4, 1939 to 2-8, 1940
that I last saw him or alive on 2-7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis, generalized +
marked

Duration

?Secondary to Chronic Influenza
Due to _____10 daysOther conditions Severe Psychotic Simple
(Include pregnancy within 3 months of death) Detention7 years

Major findings:

Of operations noneOf autopsy none

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Means of injury)23. Signature C. C. Oult (M.D. or other) 1 M.D.
Address Farmington, Mo. Date signed 2/9/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Paul H. Dugal

Licensed Embalmer No. *4120*

P. O. Address *Farmington, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.